

PART B - FEE(S) TRANSMITTAL

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22852 7590 06/09/2008

FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER LLP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/518,496	09/19/2005	Maria Prat Quinones	09605.0044	4930

TITLE OF INVENTION: QUINUCLIDINE DERIVATIVES AND PHARMACEUTICAL COMPOSITIONS CONTAINING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/09/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
RAHMANI, NILOOFAR	1625	514-299000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. FINNEGAN, HENDERSON,

2. FARABOW, GARRETT &

3. DUNNER, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

LABORATORIOS ALMIRALL S.A.

BARCELONA, SPAIN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee

Publication Fee (No small entity discount permitted)

A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge ~~any deficiency~~, any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Carlo M Tellez

Date 05-SEP-2008

Authorized Signature

Registration No. 48,638

Typed or printed name Carlos Tellez

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